

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT & CONSERVATION
DIVISION OF GEOLOGY
STATE OIL AND GAS BOARD
13TH FLOOR, L&C TOWER
401 CHURCH STREET
NASHVILLE, TN 37243-0445

DO NOT WRITE IN THIS SPACE

Fee _____

Approval date _____

Approved by _____

Plat _____

Bond _____

APPLICATION TO CHANGE OPERATORS

PART I-TO BE COMPLETED BY OLD (ORIGINAL) OPERATOR

Description of Well as Permitted:

Permit No. _____ Date permitted _____

Operator _____

Permanent address _____

_____ Telephone No. _____

Lessor or Unit _____ Well No. _____

County _____ Field _____

Carter Coordinates:
_____ FNL, FSL _____ FEL, FWL Sec _____ Carter Quad. _____ N,S _____ E,W.

Elevation _____ Proposed total depth _____

Deepest Formation to be tested _____

Purpose of well:

Oil ☐ Gas ☐ Injection ☐ Geologic test ☐ Other _____

Rotary tools ☐ Cable tools ☐

Proposed or actual casing program _____

Present Status of Well:

Location ☐ Drilling ☐ Producing ☐ Abandoned ☐ Total depth _____

Have all samples and well data been filed with the State Oil and Gas

Supervisor? Yes ☐ No ☐

Has operator (old) compiled with all requirements of the State Oil and Gas Board on this operation? Yes ☐ No ☐

If answer to either of above questions is no, explain: _____

SIGNATURE OF OLD OPERATOR

See Reverse Side

PART II-TO BE COMPLETED BY NEW OPERATOR

Operator (New): _____

Permanent address: _____

_____ Telephone No. _____

Has organization report been filed? Yes ☐ No ☐

Bond Status:

Single well: Cash Surety

Blanket: Cash Surety

Is operator in violation of any State regulations on other operations?

Yes ☐ No ☐

What are plans of new operator for completing or producing
well _____

SIGNATURE OF NEW OPERATOR

Part III-TO BE COMPLETED BY OLD OPERATOR AND NEW OPERATOR

It is requested that Well Permit No. _____ be transferred from _____
_____ (old operator) to _____ (new operator). It
is understood that the new operator is bound by all statements made by the old
operator on the original permit application.

SIGNATURE OF OLD OPERATOR

SIGNATURE OF NEW OPERATOR

AFFIDAVIT (OLD OPERATOR)

STATE OF _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the above application for amending of permit, who
being duly sworn on oath, states that he executed the above instrument and that the
statements made in said application are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____

My commission expires _____

AFFIDAVIT (NEW OPERATOR)

STATE OF _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the above application for
amending of permit, who being duly sworn on oath, states that
he executed the above instrument and that the statements made in said application are
true and correct.

Subscribed and sworn to before me this _____ day of _____,

My commission expires _____
